MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 09643 09848 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY - HOWARD MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RIPRAL and give nearest jewn) COT e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) **OR INSTITUTION** YES NO DE 4. DATE NAME OF Middle Lost Manth DECEASED DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 ARS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Days Months Hours DIVORCED WIDOWED 54 af 10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY during mas) of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 INTERVAL BETWEEN 1B. CAUSE OF DEATH | Enter only one couse per time for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nr **DUE TO** Canditions, if any, which (b) gave rise to Immediate per DUE TO cause (a), stating the under-RI CRUDS CLOROSI lying cause last **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D has 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of ilem 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) Day, Year 20d. INJURY OCCURRED (County) factory_street, office bldg., etc.) Hayr a.m. While Nat while at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram. L, that (1) (we) last 19 M, fram the causes and an the date stated above saw the deceased olive or and that death accurred at. DIRECTOR 22a. SIGNATURE 226. DATE -- GIGNED ATTENDING STAFF PHYS M.D. PHYS. DIRECTOR L 22c. PHYSICIAN'S 22d. ADDEESS NAME (Type) ro FUNERAL I poge 3 st the State 23b DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, town, or county) 23g_BURIAL, CREMATION, EMORIA 255 REGISTRAR'S SIGNATURE FINERAL DIRECTOR SIGNATURE 250. REGID BY REGISTRAR, VR A15 (4) 15M 9/59

MATTER BLACE Letio tealing Brath plant in the best -11/3/-11/24 For the 12/12-18/16-MATERIAL CALLERY SAIL SAIL AND LANGE BALLERY FINELPRE St. MARGRAETS AND

09644 page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remavel, and in any event within 72 hours after death.

ofter death. Page 4

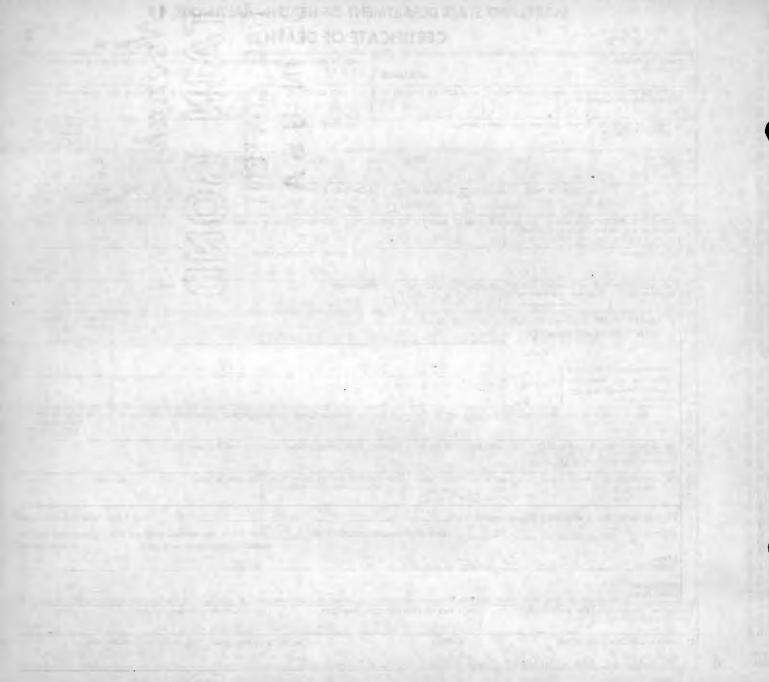
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

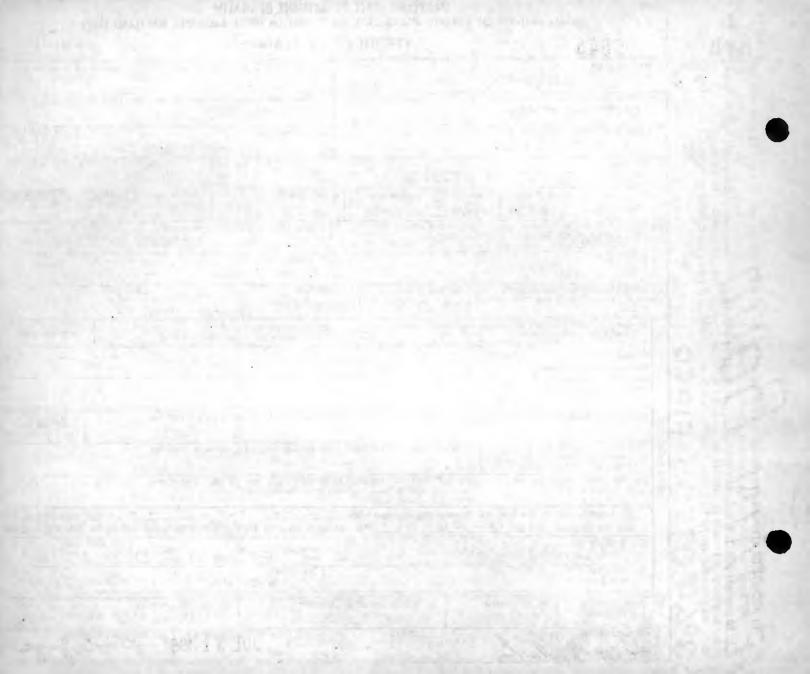
CERTIFICATE OF DEATH

09649

PLACE OF DEATH	ward		MARYLA	- 11	o. STATE	-		lived. If instituti b. COUNTY		ice before	odmiss	ion)
the second secon	outside corporate limi	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
RURAL and give ne	arest town)		Years		Sylvest			-			21	,
d. NAME OF HOSPIT	At (If not in hospital, g	ive street			d. STREET AL		6 9 11U	· ItUlil	16 3 s		IS RES	IDENCE
OR INSTITUTION			,			oute	3.2				ON,A	FARM?
3. NAME OF	1te 32	al .	Middle	11.	Lost		4. DATE		.4			
DECEASED	James	31	Burton		Carr		OF DEATH	Mor	1th	Day		Yeor
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B.	DATE OF BIRTH			9. AGE (In years lost bighday)	IF UNDE	1 YEAR 1		
Male	White	WIDOW	ED DIVORCED		7-6-18	99		68 уп.	Months	Days	Hours	Min,
100. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPU	CE (Stote	or foreign co	untry)	12. CI	TIZEN OF	WHAT	COUNTRY
Insurance	A	'	Insuran	ice	Ma	ryla	nd			USA		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
James 1	i. Carrio	0:0			Rac	hael	Burt	on				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			Add	ress			
NO	(if yes, give wor or dates of s	ervice)	577-05-894	12	Mrs. M	arga	ret C	arrico	Syk	esvi	110	e, Mo
200. ACCIDENT WA	nmediate DUE TO (c) IER SIGNIFICANT CON	Ca DITIONS	rterioscle rdiovascul contributing to DEAT CRIBE HOW INJURY OCC	Lar	Diseas	THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PAR		WAS / PERFO	AUTOPSY RMED? NO
OF COMMINIONING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yes	While	NJURY OCCURRED 21 Not while at work	lûe. PLAC foctor	E OF INJURY (H ry, street, office	lome, form, bldg., etc.	, 20f. (City	or town)	(County)		(Stole)
actual SIGNATURE PHYSICIAN'S	Sami	., 19 D	ed fram	death o	ccurred at	:30 eht	ADDRESS (SH	eet, city or town,	nd an t		state	
220. BURIAL, CREMATION			22c. NAME OF CEMET	ERY OR C	REMATORY	SVI		ION (City, town,	or county)	F-4-7-2	(Stot	e)
REMOVAL (Specify)	7-12-6	7	Springfi	ield	Cemet	erv	Sv	ce svill	0.		M	1.
23. FUNERAL DIRECTORY	SIGNATURE /	kt	Lyagelle	Y	mi			245, REGI	STRAR'S SI	GNATURE	Jus	gu



1		Division of STATISTICA		MARYLAND STATE DEP IRCH AND RECORDS, 301			TIMORE, MARYL	AND 21201	05-		
1		09645		CERTIFICATE	OF DEATI	Н		US	650		
hin 72 hours after death		PLACE OF DEATH a COUNTY Howard		MARYLAND	2. USUAL RESIDEN	WE (Where dece	osed lived, if instituti b. COUN				
		b. CITY OR TOWN (If outside corporate limits, write RURA) and give peares Cawo).		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If ourside corporate it;	prote limits, write RUR	AL and give nears	st town)		
00		d. NAME OF HOSPITAL OR INSTITUTION (IF not in 1 225 Montgomery Rd.	hospital, g	ive street oddress)	d. STREET ADDRES	s Montgom	ery Rd.		e. IS RESIDENCE ON A FARM? Y YES NO		
		NAME OF First DECEASED (Type or print) GERTRUDE	ELIZ	Middle ABETH F	UNK Lost	4. DATE OF DEAT	Till V	h 26 Do	Y Year 7		
	S.		MARRIED /IDOWED		Nov 8	1898	9. AGE (In years last pirthdoy) yrs.	Months Doys	Hours Min.		
	10o. duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KII INC	nd of Business or Dustry at home	11. BIRTHPLACE (C		foreign country) Virginia	12. CITIZEN C COUNTRY	F WHAT		
	13.	FATHER'S NAME John Jett			14. MOTHER'S MAI	Duncan					
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dotes of serv 12.0	vice) 16, S		rormant ce Barth	225 M	ontgome de ott City.	Rd,			
		18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ar line for	(a) (b), and (c).)	tec Hy	neter	nserie	IN	TERVAL BETWEEN NSET AND DEATH		
		Conditions, if any, which gave) (b)	Co	rdiovaso	ulas!	Desi	rase				
g		rise to immediate couse (a), stating the underlying couse (c)									
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								19. WAS AUTOPSY PERFORMED? YES NO		
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 19 20d. INJURY OCCURRED While of work Of work Of work Not While Of work Of work Not While Of work Of work Not While Not									
		21. I certify that (1) (this hospital saw the deceased alive on 7		led the deceased fram	death occurre	19 67		6, 1962, t	that (I) (we) last		
======================================		220. SIGNATURE lands V.	lso	Co M.D.	ATTENDING C	MED. DIRECTOR	STAFF -	226. DATE SIG			
/		224. PHYSICIAN'S NAME (Type)			704	. Is	orman	ane,	Lowel		
0	230	BURIAL, (REMATION, REMOVAL (Specify) 7/29/67		23c. NAME OF CEMETERY OR C		23d. E	LOCATION (City or Tov 11icott C	wn) (Count ity Howa	y) (Stote) .rd Md.		
D	34	TWENT PENTANDER STAND	Ell:	address icott City, Md.	2So.		1 1967 RE	GISTRAR'S SIGNATU	Judge		



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201 09851 09646 FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Howard MARYLAND Howard c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) delay ond 3 t **Bepartment** b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b P.M3. write RURAL and give nearest town) Ellicott City Ellicott City e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS in Item 18. Give Pages 1, Office alang with farm YES NO X Columbia Rd. 177 Columbia Rd. This certificate shauld be executed within 24 haurs after death. 4. DATE NAME OF Middle Month Doy Year DECEASED Isabel Brian Hadfield 1967 16 July DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours Dovs female white Oct. 3 1904 death WIDOWED DIVORCED land 2 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired) **NDUSTRY** COUNTRY? housewife Waryland the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hours Thomas C Brian Elizabeth Holtman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) 177Columbia Rd. Robert W.M. Hadfield event within no Elicott City 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: EMORRHARE IMMEDIATE CAUSE (o) certificate, writing the ward DHE TO any Conditions, if ony, which gove rise to immediate cause (o), farwarded ta C DUE TO stoting the underlying couse 0 and SD nsed 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal PERFORMED? YES NO pe 2Do EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH crematian, 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While DIRECTOR: Page of work necessary, please execute 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection I Inquiry and in my apinion buriol, Natural causes Accident Suicide . Hamicide Undetermined manner death resulted from: be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE may be re FUNERAL I the funeral DEPUTY MEDICAL EXAMINER Donald E. Fisher Address (Street, city, town, or county) /4 COLUMBIA 23d. LOCATION (City or Town) 23b. DATE THEREOF 7/18/67 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 0 REMAYA (Tady) St: Johns Ellicott City, Md. 250. REC'D BY REGISTRAR 24Higinbothom Slack Funeral Home Ellicott City, Md. ocharles VR A15ME (5) 1967 6M 1/67

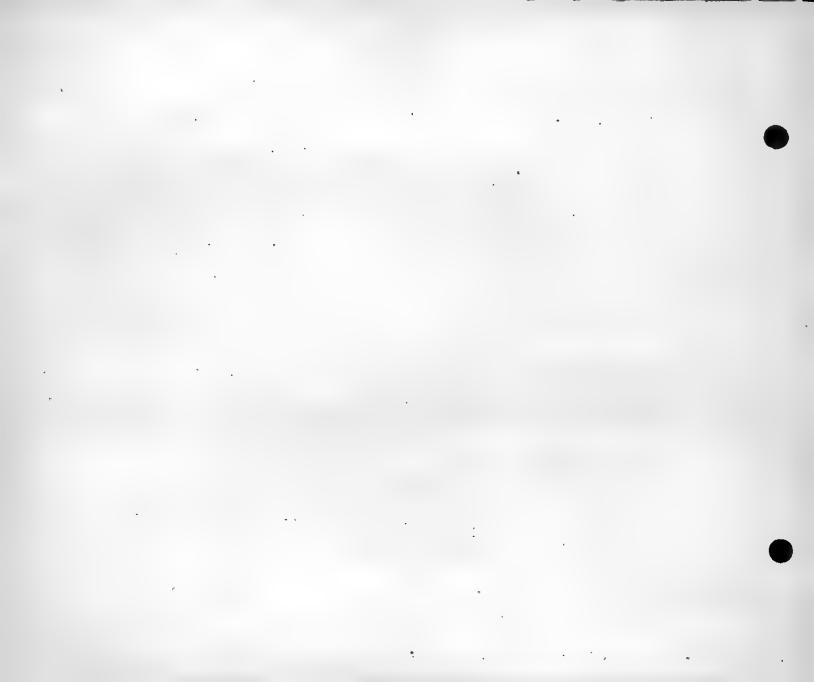
epile effection The interests of the later of t the state of the s - 131/4 / 1240-3 THE STREET the state of the s THE TELL PARTY OF THE SECURITY OF to the way stand

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09652 09647 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n COUNTY delay is ond 3 to M3. Page b COLINTY Maryland Howard Howard MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give reacest fown)

LtllCott City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Ellicott City & STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Office olong with form 00 Old Frederick Road Old Frederick Road YES X NO F Item 18. Give Poges 24 hours ofter death, in Item 18. Give Page NAME OF First Middle Lost 4. DATE Month Year DECEASED 28 John Harbin July 19 67 (Type or print) Sherman DEATH NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 9. AGE (In years 7 MARRIED lost birthdov) Months Wale White DIVORCED WIOOWEO May 10.1909 ofter deat 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done U.S.A. during most of working life, even if retired) INDUSTRY Farming Tennessee the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medicol Exominer's 14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME be executed within hours (Minotia Cowan Phillip Harbin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) within Blufe Harbin Old Frederick Road, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit event PART I, DEATH WAS CAUSED BY instant Coronary Thrombosis IMMEDIATE CAUSE (o). This certificate should DHE TO Ony Conditions, if any, which gove (b) Arteriesclerotic Cardio Vascular Disease 3 ves rise to immediate couse (a). 2 DUE TO stating the underlying couse 19, WAS AUTOPSY PERFORMED? 3 should be used PART II. OTHER SIGNIFICANT CONOSTIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removel, execute the certificate, NO E 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year While of work of work foctory, street, office bldg., etc.) 2). I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . ond in my opinion Natural causes 🛣 . Accident Suicide death resulted from: Hamicide Undetermined manner funerol director. CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-30-67 DEPUTY MEDICAL EXAMINER Health GEORGE E. BURGTORF. M.D Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION, (County) 50 REMOVAL (Specify) Good Shepherd Ellicott City July 31. Howard Md. MIRIS cott City 神子 Slack Funeral VR ATSME (5 6M 1/67 Maryland DAT Home

At Ing. 1 to lorov er til armels - commit afra mahrenefer eterlier 7-7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after-death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR FOWN (if outside corporate limits, write RURAL and give pearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by = apers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) led d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO executed within completery We carban event, with NAME OF Middie DATE DECEASED (Type or print) DEATH 15/ U 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months and c Davs WIDOWED X DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be INDUSTRY 13. FATHER'S NAME attending physical Then property or removal, 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) est Friendship CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (a) June 16, 167 ASHD, Arteriosclerosis, generalized, Cenditions, If any, which (b) gave rise to immediate through DUE TO cause (a), stating the Cardiac arrest. underlying cause last. S CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY this certificate hadetached for use for use Health PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc. Hour a.m. Not While ATTENDING at work ъ July 16, 19 6/, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from June 16, 1967 DIRECTOR: age 3 should iled with the saw the deceased/alive on July 16 19 67, and that death occurred at 1:5M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed v ATTENDING Juby 17, 1967 M.D. DIRECTOR TO HOSPITAL Page 4 may PHYSICIAN' 22d. ADDRESS NAME (Type) Sykesville, Maryland Howard E. Hall, M.D. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) TIA REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 (4)

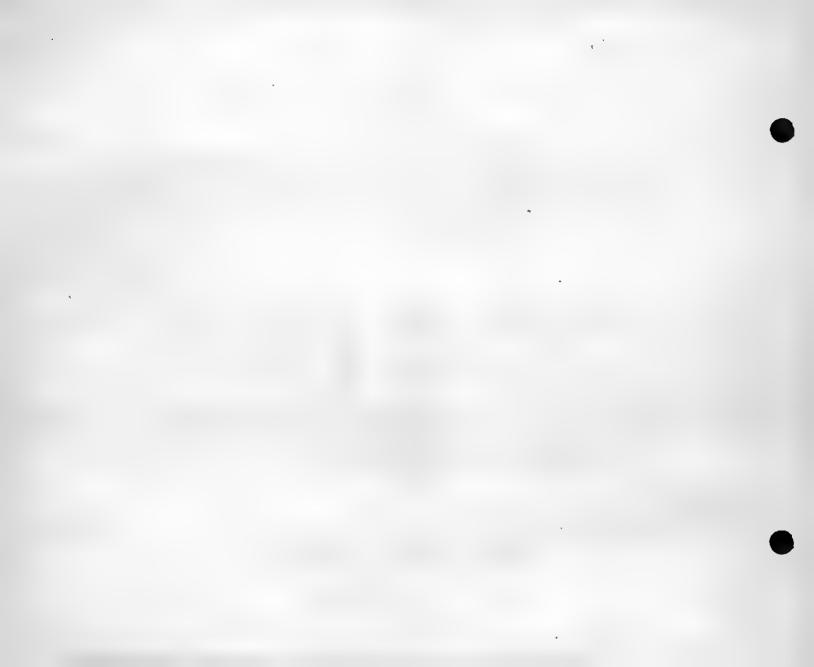


-	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR STATE	09649 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05654
HEALTH DEPT. ≅ ₽ ₿ ∕©È	1 PLACE OF DEATH a COUNTY How And MARYLAND 2 USUAL RESIDENCE (Where deceased rived, if institution Res o STATE MARYLAND b COUNTY H	dence before admission)
y deloy 15 2, ond 3 to PM3. Page	b CITY OR TOWN (f outside carparate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 10 C CITY OR TOWN (f outside carparate m is, write RURAL and give negrest town) E D V R TOWN (f outside carparate m is, write RURAL and give negrest town)	g ve nearest tawn)
E 44 DE O	d NAME OF MOSPITAL OR INSTITUT ON (If ngt n haspital, give street address) 130 × 238 (RORA) FREE TOWN Rd	e is residence on a farm? YES \to No \to
Give Pages 1, congruent form	3 NAME OF Last 4 DATE Month OF OF	Day Year 15 1967
This certificate should be executed within 24 hours ofter death icate, writing the ward "pending" in pencil in Item 18 Give Page be forworded to the Chief Medical Examiner's Office along with the be used as a burial-transit permit. File pages I and 2 there sight to burial, crematian, or removal, and in any event within 27 has	(Type or print) C7 1	DER YEAR IF UNDER 14 HRS
thours of them 18 Office of 10nd 2	during met of working the given if raticall MDHSTRY	CITIZEN OF WHAT
thin 24 nicl in 1 niner's (poges 1 in ony	13 FATHERS NAME 14 MOTHERS MAIDEN NAME	U,S,H,
ed within in pencil Examine	15 WAS DECEASED EVER IN US ARMED FORCES? 16/SOCIAL SECUR TY NO 17 INFORMANT CIPARTERS IN COMPANY OF ANGRESS IN COMPANY OF A MARKET STATE O	 \
be execute "pending" ief Medical nsit permit	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service) 201 - 03 - 1089 David T. Yelly Refers In Andress II Refuse Clarification II Refuse Clarification II Refuse Clarification II Refuse Clarification II Refuse Refuse II Refuse Ref	TAND.
INER: This certificate should be executed within 24 hours e certificate, writing the ward "pending" in pencil in Item 1 should be forworded to the Chief Medical Examiner's Office files. 3 shauld be used as a burial-transit permit. File pages I and any prior to burial, crematian, or removal, and in any event	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Corbinary Thimmeliate Cause (a)	ONSET AND DEATH
IER: This certificate should certificate, writing the ward rould be forworded to the Cles. shauld be used as a burial-truly prior to burial, crematian,	Conditions, If any, which gave (b) (b) stating the underlying couse (a),	
certificate , writing th orworded to orworded to used os o	Dost Other Significant conditions contributing to death slit not perate to the termina in Sease (ondition given in Part 1(a)	19 WAS AUTOPSY
his cellate, work forware forware to bure	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of tem 18)	PERFORMED? YES NO
INER: The certification of the	PRIMARY Or CONTRIBUTING CAUSE OF DEATH	16 13
	pm. 17 at work ()	(County) (State)
AL EXA- Secure or. Poge ed for you CTOR: Pog ignoted o	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
JTY ME. Try, please e. eral director. be retoined RAL DIRECTOR or its design	ACTUAL SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY ME. AL EXAM necessory, please execute the funeral director. Poge 4 5 may be retoined for your O FUNERAL DIRECTOR: Poge Health or its designated age	EXAMINER'S NAME (Type) GEORGE E. BURGTORF Address (Street, city, town, or county)	7-15-67
TO The the S Tr To Heo	23d BURIAL, CREMATION, 23d DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 7/19/6/1 LOCATE COMETERY OR CREMATORY SIMPLY SOLVETTE.	Housed Ind
VR A15ME 6M 1/66	Achterthe Sucredice Rochice The DATE UL 18 1967 250. REGISTRAR	S SIGNATURE

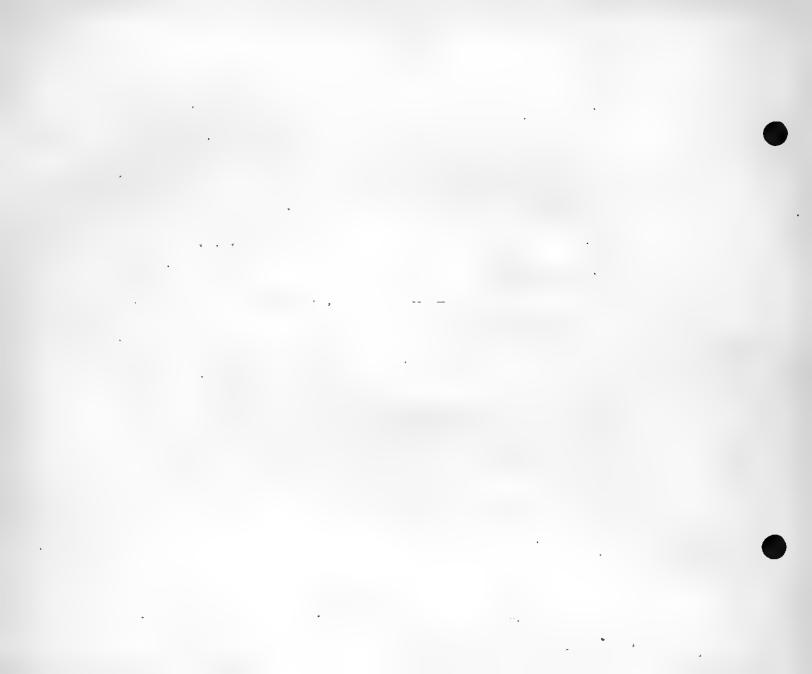
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 39650 The law requires that the death certificate be executed within 24 hours after death l and physician and campletely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY **b.** COUNTY HOWARD 40 ward MARYLAND c CITY DR TDWN (If Jutside carparate limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside carparate limits, c. LENGTH DF STAY IN 16 write RURAL and give negrest town) ARKAUI 1/E d. STREET ADDRESS IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp tol, give street address) ON A FARM RURA YES IN NO 4 DATE 3 NAME OF First Middle Lost Manth Doy Year please remave tarban DECEASED KENNETH LORD (Type or pnnt) DEATH July AGE (In years S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Months Doys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Da USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY VELEWARE ARM 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME 17. INFORMANT 16 SDCIAL SECURITY ND. CIARLSUILE (Yes, np, or unknown) (If yes give wor or dates of service Mas CLARAT. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Acute cardiac failure IMMEDIATE CAUSE (a) DUE TO Coronary artery occlusion Inst. Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO 52 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 1B.) 2Do ACCIDENT WAS UNDERLYING [be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bidg., etc.) Not While , 1960 to 7/19/ 1967, that (I) (max last 21. I certify that (1) (1) (1) (1) (1) attended the deceased fram. shauld saw the deceased alive on 19 67, and that death accurred at 10 A. M. from causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** X 7/19/67 DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles S. Whitaker, M.D. Clarksville, Maryland 21029 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) Howard Md STJOHNS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00651 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY within 72 hours after, hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) farvl and Howard MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Ellicott City Ellicott City 21043 d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) B. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 24 YES X Century Drive Century Drive NO . n and completely f remove carbon pa executed within 3. NAME DF Mon th Day Year First Middle Last 4. DATE DECEASED OF MANNER ELEANORA THRESA July 5,1967 (Type or print) DEATH 19 AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months | Days in any Female White WIBOWED X May 1,1888 DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11, BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT physician n please r þe COUNTRY? and death certificate At Home Washington D. (attending ph ermit. Then remova Patrick Madigan Sullivan Bridget 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. the attendit permit. Ь 218-36-4006 Mrs. Kakharia Kathryn Snow, Same cremation, CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). ARDIORESTIRATOR DUE TO HEROSCHEROTIC CARDIOVASCULAR Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the prior. underlying cause last. has as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate it detached for use te Dept. of Health for use Health I PERFORMED? CERTIFICAT MELLITUS. そべもろ NO F YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) a After Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from . ? ? -1967, that (I) (we) last FUNERAL DIRECTOR: A director, page 3 should should be filed with the and that death occurred at 2 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING STAFF DIRECTOR PHYSICIAN'S 22d. **ADDRESS** 22c. director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. 0 Baltimore . Md.
REGISTRAR L 25b. REGISTRAR'S SIGNATURE Holy Redeemer 7-8-1967 REC'D BY REGISTRAR 25b. ADDRESS 24 SUNERAL DIRECTOR 25a. A15 (4) Funeral Home Ellicott City MHDATE Slack 20M 1/65

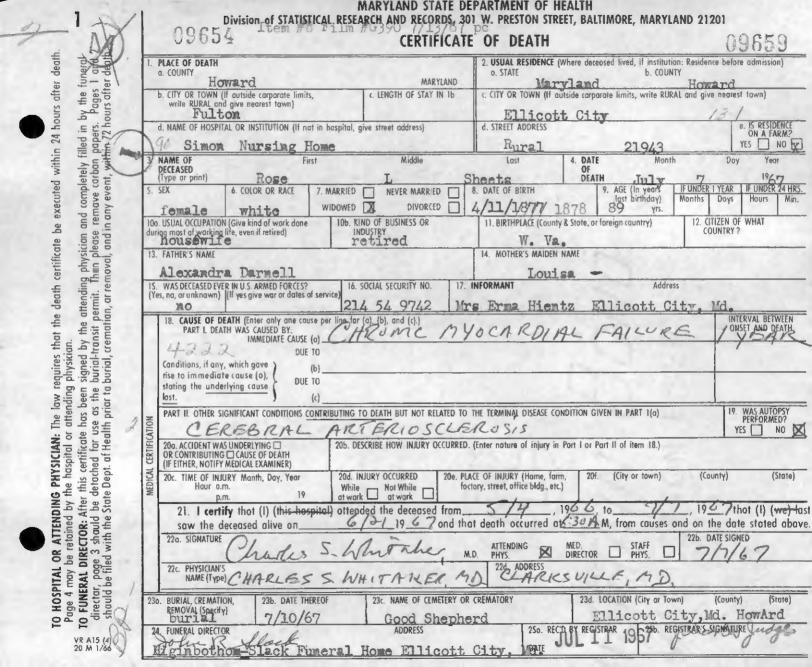


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY / filled in by Pages, 1. a. STATE b. COUNTY Howard Harvland Howard MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ellicott City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b 24 hours Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Montgomery Road NO X n and completely tremeve carbon p Montgomery Road YES death certificate be executed within NAME DE First Middle Last DATE Month Day Year DF DEATH (Type or print) DSHIDIN PIKEY July 4 19 200 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED DATE OF BIRTH 8. last birthday) Months I Days Hours Female White WIDOWED [DIVORCED 7-25-1907 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please lease and in COUNTRY? At Home Howard County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Unkanawa Umkra owy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit, ö (Yes, no, or unkown) ((If yes give war or dates of service) led by the att transit permit remation, c Walter Pikey, Montgomery Rd. Ellicott City 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ULMONARY he hospital or attending physician. been signed the burial-transtrantor to burial, creater to burial, creater to burial, creater the burial to DUE TO YDEARDIAL INFARCTION Cenditions, If any, which gave rise to immediate as the prior to cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY tached for use lept, of Health is certificate PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be Stati ATTENDING at work at work v 1957, to 6-4 21. I certify that (I) (this hospital) attended the deceased from 19 6. L. that (I) (we) last S should saw the deceased alive on. 3 AM, from the causes and on the date stated above. .19 🗳 and that death occurred at-22a. SIGNATURE 22b. DATE SIGNED page M.D. PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS 2 NAME (Type) director, pluous 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 St. Johns 7-7-1967 Ellicott City. Md. **ADDRESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) mbothom lack Funeral Home . Ellicott City. Migare 20M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09653 09658 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE NEW JERSEY b. COUNTY HOWARD MARYLAND with The State Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town). write RURAL and give negrest town) LAKESIDE LAUREL d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE e, writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office along with form 00 ON A FARM? 801 COUNTY LINE ROAD LAUREL RACE TRACK YES NO T 24 hours after death. NAME OF Middle 4 DATE Day Year DECEASED (Type or print) ANTHONYTONY PRISCO 19 67 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS A COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years last birthday) Months Hours 12/1908 deoth. WIDOWED DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY hours ofter BROOKLYN TROTTING HORCES 13. FATHER'S NAME This certificate should be executed within MICHAEL PRISCO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) within PRISCO MICHAEL ABOVE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) _ DUE TO ony Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause 0 puo 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, PERFORMED? the certificate, NO pe 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH cremation, 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (State) foctory, street, affice blda, etc.) Not While of work 21. I certify that I taak charge of the remains described above, held an Autopsy XI. Inspection . Inquiry , and in my apinian may be retoined for FUNERAL DIRECTOR: death resulted from: Natural causes X Accident Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE DEPUTY MEDICAL EXAMINER 7-6-67 EXAMINER'S TO FUN. Health p CHARLES S. SPRINGATE, M.D. NAME (Type) Address (Street, city, tawn, ar caunty) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) CEM STULADIMIRS CASSVILLE BURIAL 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) JUL 10 1967 6M 1/67 DE ROCHE LAKEWOOD W. DAVID

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